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FUTURE OF THE MEDICAL PROFESSION IN MADRAS PRESIDENCY

BY

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There is no gainsaying the fact that the medical profession in the Madras Presidency is at present in a deplorable condition. It is useless to apportion the blame for such a condition, to any public body such as the Government or any individuals. In the absence of a genuine understanding among the practitioners, the motto " Each man for himself " has played its worst havoc. This competition and deterioration of the standards is most marked in the city of Madras itself. The status of many a general practitioner is that of a a dispensing chemist. He has to earn his professional fees by increasing the charges of medicines or by advising injections which may or may not be necessary in a particular case. Any serious case or cases requiring competent nursing, have either to be nursed inefficiently by the relatives or transferred to a public hospital or a nursing home started by a brother practitioner for his own cases. In either case the practitioner loses his case, his fees, and reputation also. When bus-owners, milkmen and labourers, including toddy-tappers combine, why not we, belonging to the noblest of professions, combine ? Anyone who has seen the development of bus-service in Madras, must learn, what mutual co operation means. It means increased efficiency, public convenience, fewer accidents, extinction of bribery etc. The position of bus owners is now so strong, that even the unhealthy competition from the Railways cannot shake it. The poorer classes should get treatment from the

public and charitable institutions, but the middle class and upper class patients should pay a reasonable fee for services rendered by medical practitioners. The medical man must impress on his patients, that he is not a seller of medicines, but a qualified man who must be paid for his advice and treatment. We can even give medicines free, if we can get a consulting fee according to the status, experience and reputation of the practitioner. I want to put before you the following suggestions for your careful and serious consideration.

1. *One standard for practitioners of Modern Medicine.*—The compartmental system of medical education and the gradations in the nomenclature, according to the standards of the 19th century must go. From personal experience I can say that the standard for the L.M.P. has been considerably raised and in a few years, the standard of medical education for the L. M. P. and M.B. will be practically the same. Many of the entrants to the L.M.P. are passed intermediates. If, in future, admission is restricted to passed intermediates and men with higher general educational qualifications, where is the need for the L.M.P.? The Stanley Medical School and the other Medical Schools in the Presidency, may be made additional training centres for the M.B. degree. Instead of tackling the problem like this, what is the use of slavishly following other countries, especially England, by introducing nomenclatures like L.R.C.P., L.R.C.S. etc.? In a subsequent paragraph I shall deal with the need for organising a college of physicians and surgeons, on an All-India basis.

2. *Preventing inroads on private practice.*—Salaried Government Medical officers must be absolutely debarred from private practice. The old slogan that there are not competent men to deal with all types of cases, is an absolute myth. If there are some patients who want treatment from a particular man, in salaried Government service, the fees collected from them, which should be made extra heavy, must be credited to the Government in full. If, for instance, an official gets treated in the hospital or outside by a salaried Government officer the full fees must be paid into the Government treasury. Officers of the Indian Army get free consultation from the I. M. S. whether the officer goes to the military hospital or asks the I. M. S. man to attend at his house. So also officers in the Civil Service, if they like, can get free service, from salaried Civil medical officers, if such officers are available.

3. *Honorarize the system of medical relief.*—I have dealt with this subject in another paper fully.

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4. *Evolve minimum standards.*—Though dispensing for one's own patients is not wrong on principle, it should not deprive us of a consulting fee. Let the minimum consulting fee be one rupee for the first consultation and half a rupee for subsequent consultations. I have put this so low in view of the general low standard of income and living in India. But practitioners may charge any fee higher than the minimum according to his seniority or status in the profession or according to the means of the patient. Thus a practitioner may charge Rs. 100 for his consulting fee. The visiting charge must not be lower than Rs. 2 under any circumstances. In towns, dispensing by practitioners can be given up, in favour of co-operative dispensaries.

5. *Need for co-operative nursing homes.*—In the city, district and taluk towns, practitioners must immediately organise co-operative nursing homes on the following principles :—

1. The administration and management must be entirely in the hands of the practitioners.

2. The shares must be open to the public.

3. Concessions may be shown to non-medical share-holders for patients introduced by them at the rate of one patient at a time for a subscribed share of Rs. 100, subject to a maximum of Rs. 1,000. The concessions may be as follows :—

    (*i*) 25% to 50% concession in the establishment charges :

    (*ii*) Practitioners may show 50% concession in their visiting charges for their own patients :

    (*iii*) Priority of admission to patients introduced by share-holders.

6. *Laboratory service to the General practitioners.*—Each district should have a qualified clinical pathologist, who must be wholetime and should not practice except in his speciality. He must be in a position to help the practitioners in bacteriological, pathological and biochemical work. The medical college, Madras, may start a two years' course for qualified medical men and award a degree or diploma under the auspices of the University.

7. *District Medical Library.*—Each district town should have a medical library and a medical reading room and each taluk town should have a medical reading room. At present there is a lot of overlapping in subscribing for medical journals. In a locality of 50 practitioners, there can be subscribed as many as 15 to 20 different medical journals.

8. *Pathological Museum.*—Each district may organise its own pathological museum.

9. *Post-graduate education.*—Elsewhere I have described this problem fully. The City and some district centres may organise post-graduate courses of study.

10. *Medical etiquette.*—Should be strictly observed. There should not be any lapses.

11. *Specialist practice.*—In cities and district towns specialist practice should be encouraged. The specialist should depend for his sustenance on the general practitioners. Every district town should have a radiological specialist.

12. *In the Taluk Towns.*—Each practitioner may specialise in one particular branch such as dental surgery, ophthalmology, oto-rhinolaryngology, dermatology and laboratory technique.

13. *Research in Ayurveda.*—Unani and Siddha systems should be undertaken by qualified practitioners. The need for the L. I. M. should be investigated by an independent committee.

14. The need for a *College of Physicians and Surgeons* on an All-India basis is very urgent. The bodies should be created not to give diplomas or licence to practice, but to raise the standard of medical and surgical practice

15. Extra professional social work especially measures connected with public health, sanitation and prevention of epidemics, must form an important item of work on the part of the practitioners.

16. Increased representation in the legislatures of the country by setting up medical men as candidates on the joint suffrage of the medical practitioners and the most progressive party in the Province.

17. *One Association.*—There need be only one medical association for the whole province with branches for the districts and taluks. All the associations can amalgamate into " Indian Medical Association ".

18. *Annual meetings.*—There should be annual meetings of the medical practitioners of the whole presidency in different district centres just like the B. M. A. We could compare notes and our medico-political demands will be given the consideration they deserve. Self-help is the best help.

Village Medical Service.—The minimum subsidy for a rural medical practitioner catering to the medical needs of a group of villages having an aggregate population of 5,000 to 7,500, should be an annual salary of Rs. 600 rising to Rs. 1,200, drugs and appliances Rs. 300—500, pay of compounders Rs. 240—300, pay of midwife Rs. 240—300. At this rate one doctor and his assistants can serve about 10 villages on an average. The net annual cost for each village will range from Rs. 140 to Rs. 230. This is nothing when we reckon the amount of direct and indirect tax we collect from the villagers. The village medical officer can be made the medical inspector of the village schools, should co-operate with the public health authorities in the control and prevention and treatment of epidemics and should be a teacher for enforcing certain vital sanitary observances.

In conclusion—May I suggest to you the need for an immediate provincial conference of all the members of the independent medical profession of our Presidency, in Madras, sometime during the ensuing Michaelmas. The Government may be in a position to know what our needs are. I feel so strongly on this that I have no hesitation in volunteering my humble services for the conference.

HONORARY MEDICAL OFFICERS AND MEDICAL RELIEF IN THE MADRAS PRESIDENCY

BY

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The philosophy behind the scheme of utilizing the free services of medical men, for medical relief, should be very simple, if we think about it, without any prejudice. The voter must know the implications of the scheme, the way he is benefited and the eventual advantage to the State and the community. In simple language it is this. There are 24 hours in a day. There are qualified medical men available who are willing to give 3 out of 24 hours for treating really poor people in state hospitals for nothing. If one medical man, by spending 3 hours in a day, can treat 15 to 30 in-patients in a skilled and efficient manner, thousands of medical men and women, in this vast presidency can practically give complete medical relief in every city, district, and taluk hospital. Efficiency remaining the same, if A can render service, without remuneration in the place B, who wants it, the choice of A for the post is indubitable. The tax payer should consider *this* only when coming to a decision In return for their free services, the medical man acquires skill and efficiency, which he may not get in pure private practice unless he has a private charitable institution with funds for running and maintaining the same Efficiency and special skill are utilized for his private practice in treating patients who can afford to pay. This system benefits all the parties, concerned, the medical man, the state and the community. It is just the same thing as public spirited men volunteering their services for the benefit of the state and society in civic and political administration. The political administrator has to be paid a living wage since there is no private practice open to him. The medical man, need not and should not be paid, because he is given opportunites to acquire skill which he can utilize to treat patients of means. The system is intrinsically sound to any one with unbiassed view. There may be a few men who may unscrupulously use their position to fleece the poor. It cannot be the fault of the system. Can we question the integrity of a public spirited minister who is willing to serve the community at a salary, a fraction of that of the previous one in Office ? Or, can all the highly paid men in the services, in truth, declare they have never utilized their position for their self-aggrandisement ? The corrupt man is corrupt wherever you place him. Most of such men can be weeded out by a little vigilance.

System prevailing in some other countries.—Practically speaking, Great Britain is the birth place of the honorary system, in recent times. The medical relief is entirely in the hands of the independent medical profession and the British Medical Association is very jealous on encroachments of the state in the domain of private medical practice. The pick of medical men, the authorities and the world known figures are honorary medical men working in several voluntary hospitals; Who can question the efficiency in the voluntary hospitals? Why not we absorb all the good points in British medical administration?

True to its legacy, medical relief in Australia, is completely in the hands of the honoraries. The following are quotations from the British Medical Journal 1935, I p. 991 from an article "PUBLIC HOSPITALS IN MELBOURNE".

"In the Melbourne Hospital, which has 400 beds, there are 59 honorary medical officers, thirty-four resident medical officers, 261 nurses and 18 special departments to provide for 8,450 in-patients and 49,459 out-patients. Medical services have always been provided under the honorary system. Originally members of the medical staff were elected by life-governors or annual subscribers but in 1910 the present system of appointment by an electoral college was instituted.

"The Alfred Hospital has accommodation for 338 public ward patients including a ward of 40 beds for children. To-day there is an honorary staff of 137, including 12 dentists, and a resident medical staff, consisting of a resident medical superintendent, assistant pathologist, officer in-charge of general clinic, three registrars (medical, surgical, and radiological) and 14 junior medical officers. The number of patients treated during the year ended June 1934 was 6,512 in-patients and 48,636 out-patients.

"The St. Vincent's Hospital, which has 300 beds is staffed by 50 honorary medical officers, ten resident medical officers and 158 nurses. Throughout its forty years of service to the public, St. Vincent's has maintained the ideals with which its founders were inspired, and has established by virtue of its sound clinical methods the highest traditions both in nursing and in the practice of medicine.

"The Women's Hospital which has a capacity of 275 beds and 100 babies' cots has 16 honorary medical officers, 7 resident medical officers and 152 nurses. The hospital clinical meetings of the British Medical Association are held at frequent intervals in the various departments, and

special facilities are made available for post-graduate classes each year. Visiting Doctors from the country and other states undergoing a refresher course in midwifery and gynaeocology take up residence within the building.

" The Queen Victoria, a hnspital for women only, should be particularly mentioned. This institution which has a bed accommodation for 130 patients and a staff of 31 honorary medical officers, 8 resident officers (medical) and 90 nurses, is understood to be one of the largest if not the largest, institution of its kind in the British Empire entirely managed and medically staffed by women. Then there is the Prince Henry Hospital formerly the Homeopathic Hospital, an institution founded in 1869 and now having accommodation for 125 patients and a medical staff of 46 honorary medical officers, 7 resident medical officers, and 70 nurses. Other institutions are the Eye and Ear Hospital, founded in 1866, and now with accommodation for 120 beds, a medical staff of 70 honorary medical officers, five resident medical officers and 48 nurses, the Austin Hospital for cancer and chronic diseases, founded in 1881 and now with a bed capacity of 375, and a medical staff of 22 honorary medical officers, five resident medical officers and 115 nurses ; and the After-care Home founded in 1926 capable at the present time of accommodating 120 patients with a medical staff consisting of 12 honoray medical officers and 28 nurses."

State-managed Hospital vs. Voluntary Hospital.—As regards the question of state-managed Hospital *versus* the Voluntary Hospital, we, in Madras, need not bother. Philanthropists for medical relief are in microscopic minority and for a long time to come, the state will have to provide for the medical needs of the poor in an efficient manner and by the cheapest method. Can any financier come forward and say, he could, from state revenues alone, manage all the existing medical institutions, provide for their enlargement, provide salaries of officers etc , etc. ? A paid system of medical service might have been all right three decades ago, when people did not take to hospital treatment as eagerly as now, when the number of medical men turned out by our schools and colleges, were insufficient, and when life also was cheaper and salaries moderate. To-day there is a great rush at all the Hospitals and from my experience in the surgical outpatient of the General Hospital, Madras from 1929 onwards, I can boldly say that the work has doubled and in some specialities trebled. The work may increase four-fold, five-fold or even tenfold. Can the Government go on increasing the salaried staff commensurate with the increased work ? If they do it there will be nothing left of the provincial revenues for expenditure on other items such as education, public health etc. The proposition is serious

itself now and will become more serious in time to come when enforcement of prohibition, will materially reduce the provincial revenues. So, unless a bold policy of cheapening the cost of medical relief, is pushed forward, the Government will find it difficult to make both ends meet.

Newly qualified graduates in medicine.—We shall look at this question from another point of view that is from the point of view of the medical undergraduate or the newly qualified medical man. The undergraduate and the parents of medical students know full well that all the graduates and licentiates cannot get into salaried Government service. It is sheer impossibility. These graduates and licentiates are given a highly specialised training, are given a scientific foundation, and after years of toil and tug-of-war, with great expense to the parents and the state, are given permission to practice medicine. A few thrive very well and the majority eke out a moderate existence. The spirit of research goes away, scientific foundation is undermined and in the end he is no more than a qualified quack, living on his past reputation and wits. For want of opportunities his research and scientific instincts get blunt, he becomes prosaic and develops a contempt for research workers. Give him opportunities to practice scientific medicine in well-equipped hospitals, he becomes more efficient, studies well, and may even, as Sir James Mackenzie has done, become an important unit in a group of research workers among general practitioners. Can the Government, which has spent a lot on the students' medical education, ignore him, as soon as he passes out of the medical school or college, without attempting to utilize his skill and scientific training for the benefit of the poorer members of the state ? It would be a collosal economic waste on the part of the Government not to utilize the services of its own products. India is a virgin soil for any amount of public service on the part of its more enlightened citizens. Medical graduates and licentiates will not be a whit behind, other public spirited men, in rendering spontaneous aid to the people of the state. The medical man sacrifices only a few hours out of the 24 hours, but enriches the state and enriches himself. Dr A. Lakshmanaswamy Mudaliar, acting Principal, Madras Medical College, in his recent convocation address especially to the graduates in medicine said :—

" I offer particularly warm welcome to the profession, which despite the cheap criticisms of a few, is still one of the noblest of professions .... Let me at the outset warn you that if your ambition is for worldly goods, for the amassing of fortune and for a round of unending social pleasures and attractions, it were well even now that you think of other vocations. Your profession is a jealous mistress and does not tolerate any divided allegiance...

My young friends, in no profession, does the public expect a greater spirit of self-sacrifice and devotion to duty than in ours...........

"Keep yourselves abreast of the times by constant study and observation and I can assure you that at some stage or other of your career opportunity will knock at your door, and if it finds you then unprepared for the task, it will leave you in the cold and may not come to you again."

These are words of wisdom and not mere platitudes, from the lips of our distinguished medical man, who has the unique distinction of being the first Indian Principal of our century old Medical College, Madras. "Keep yourselves abreast of the times by constant study and observation"; this should be the motto or the medical *gayatri* for all medical men, especially newly qualified men. In this process of "keeping yourselves abreast of the times etc.' the Government can do its part by opening its institutions, to all medical men, and the medical men in turn, should take advantage of the opportunities, cultivate a scientific outlook, and behave themselves as befitting the solemn promises made to the Chancellor, at the time of the Convocation. The following questions which were answered in the affirmative by the graduates are pertinent.

"Do you promise that you will, as far as in you lies, uphold and advance social order and the well-being of your fellow-men?"

"Do you promise that you will faithfully and carefully fulfil the duties of the Medical profession, that you will on all occasions maintain its purity and reputation, and that you will never deviate from the straight path of its honourable exercise by making your knowledge subservient to unworthy ends?"

The Government must trust its qualified medical men "to maintain their purity and reputation" and not "making your knowledge subservient to unworthy ends." When the Chief Scout Baden Powell, recently scorned the Indians for their lack of character, a well-merited protest started spontaneously all over India Can the medical men having vested salaried interests in Government service accuse their own country-man, perhaps their relatives, perhaps in future, their sons and daughters of lack of character? If so, it would be sheer self-condemnation and insult to a nation which can boast of Harischandras and Gandhis. It is their immediate future they are looking into and not the distant future when their own sons and grand-sons, cannot get salaried Government service. What will they do under the circumstances, when A who is a Civil Surgeon or a Civil Assistant Surgeon, at the time of retirement or subsequently, finds that his son, a brilliant medical graduate, cannot get into salaried Government service in the Province or all-India?

Will he not try to get him attached to an institution where he can have opportunities of working and learning in a honorary capacity ? Yes ! A will certainly do it in future in the case of his own son, but will deny such privileges to the sons of X, Y or *Z* by protesting against such measures, at the present time, simply because his immediate vested interests are threatened. There is no gainsaying that his interests would be affected, but when every-one is prepared to sacrifice, why not he be prepared to undergo a lesser sacrifice by losing some private and consulting practice, especially when he is Government paid.

Victoria versus Newzealand.—The present system of medical relief by salaried men is a sort of "nationalised system". Apart form the financial drain associated with it, in the words of Goldwater, the Superintendent of that Great hospital Mount Siani, New York City, and the world's greatest hospital authority in my opinion, uttered immortal words when he said "Under a purely public or state system the hospitals may be able to spend as much money as they are spending to-day, but the joy of spontaneous giving will be gone. One shudders to think of the day when hospitals transformed into soulless standardised state institutions, will be compelled to haul down the flag of human brotherhood. May that day be far off" In discussing hospital problems (B.M.J. 1935 II p. 485) Sir James Barrett comparing Newzealand in which the medical services are salaried with Victoria where the services are honorary, came to the following conclusions :

(*i*) nationalization inevitably puts an end practically to charitable contributions.

(*ii*) the collection of fees payable by those who use the hospitals is extremely difficult in a nationalised system.

(*iii*) and consequently a nationalised system must be expensive to Government and local authorities.

Australian taxes are the second highest in the world and the foregoing conclusions have a direct bearing on our policy".

Again he mentions "The people of Newzealand, like in some Victoria thought it better definitely to nationalise the hospital service, and did so in 1909. The financial responsibility was thrown on to the rate-payer and tax-payer on a definite ratio between them. Any one could obtain admission to a public hospital, but could not be charged more than £ 3-3-0 a week, and while in the cities the honprary system of medical officers was retained, in many places permanent salaried medical officers were appointed".

The resultant financial effect shows "It will be noted that the expenditure on hospital maintenance in Newzealand is even considerably greater than it is in Victoria which has a much larger population—namely, Newzealand £935,000, Victoria, £705,000 Population Victoria 1,840,000 Newzealand 1,560,000". These figures are eloquent.

The present position of the honorary system in Madras.—The present position of the honorary system in the Madras Presidency, is not developed according to a well thought-out plan. It has by a policy of drift on the part of the authorities, developed into a heterogeneous conglomeration of medical officers, Assistant medical officers and clinical assistants. The Government have not effected any saving but can take pride that increased work and increased rush in the hospitals, has been partially met by the honorary medical officers. This won't do. Unless and until the Government evolves a comprehensive plan by which the paid medical services will be progressively eliminated and replaced bv honoraries, there will not be any saving for the Government and the quality of the medical profession will not improve. The salaried medical men may be given suitable honorary posts, if they like them, or sent out with gratuity. There should not be any more recruitment for the paid services. The recent competitive examination for the recruitment of paid assistant surgeons, may be transformed into a recruitment for honorary assistant medical officers.

Ways and Means.—Barring full time appointments in the medical schools and colleges, the full time resident medical officers, resident house surgeons and physicians, and the registrars, all the professional services of the City, district and taluk hospitals, should be absolutely honorary. The salaried men must be absolutely debarred from private practice. Rural medical practitioners must be given liberal subsidies and accessory help in the shape of paid compounders and midwives. Keep the rural man above want but keep a good professional check on him. The professional chairs in Medicine, Surgery, Midwifery, Ophthalmology and other specialities, must be be thrown open to suitable qualified honorary men. An honorary man should never degrade himself by accepting or attemting to obtain a paid post in the practice of the medical profession. The honorary ladder should not be utilised for getting into paid services. I can think of only one exception and that is that of the anaesthetists. The anaesthetists of all hospitals run by honoraries, must be paid a monthly allowance of Rs. 100 per mensem and should be prohibited from practising surgery in all its aspects. They can be general practitioners. I make an exception in the case of anaesthetists because, for a long time to come their private practice in anaesthesia

alone, will be very meagre. When the profession appreciates, as I do, the value of a competent anaesthetist, we can think of robbing him of his allowance.

Recruitment and training of honorary medical officers.—This problem is intimately connected with the problem of post graduate medical education. Elsewhere (Journal of South Indian Medicine, June 1937) I have suggested some methods for improving the post graduate medical education. The city and some district hospitals must be well equipped to train medical men to take up honorary work in all the hospitals staffed by honoraries. Such men may even be given a stipend of Rs. 50—100 per mensem for the period of training which need not exceed 2 years, in any case, on condition they volunteer to work honorarily for a period of 5 years in a hospital stipulated before hand. If they fail to do so, they have to return the stipends in full. A very few selected men may be sent to foreign countries on the minimum subsistence allowance, not to pass examinations, but to work under great physicians and surgeons. An undertaking for ten years should be obtained from these people before sending them out. Practically all the honoraries must be enjoined to take higher degrees or diplomas in medicine, surgery or specialities under the auspices of our own University. The market value attached to foreign degrees or diplomas must go. The University should also appoint, as examiners, as many honoraries as are qualified for doing such an onerous task. The examinerships should not be monopolised by a fortunate few, but should be thrown open to as many as possible by rule of rotation or election. The University, as an autonomous body, should have liberty to appoint any competent man as an examiner, and not to be merely guided by previous precedents giving perpetual examinership to some and denying the same to others equally qualified or appointing a chief examiner without reference to his past experience but as a collateral to his status in the hospital or college. We can learn a good deal from the English corporations and Universities in the matter of electing examiners.

Proportion of honorary officers to beds.—Australia, as I have told you, has put its weight on the side of excess of honorary medical officers. A professional unit may consist of 30 beds for which there can be one officer, physician or surgeon, one assistant physician or surgeon and two clinical assistants or house surgeons or physicians. Though the chief is to be held responsible for the whole 30 beds, responsibility to the extent of 10 beds must be given to the assistant for his independent treatment, subject to the guidance of the chief. The assistant develops self-reliance and is in charge of the whole unit on the non-visiting days of the chief. The clinical assis-

tants or house men work under the guidance of the chief and his assistant. At this rate for a unit of 30 beds there will be 4 honoraries or, one honorary roughly for about 8 beds. The General Hospital, Madras, at this rate can provide work for more than 100 honoraries distributed as follows:—

8 physicians,
8 surgeons,
16 assistant physicians and surgeons, and
32 clinical assistants or house men, and
36 officers for the specialties.

The district and taluq hospitals can be administered in a similar manner. Limited number of beds conduces to better attention, better thinking, greater deliberation, greater research spirit and better efficiency. The dog-in-the- manger policy must go and give place to a rational system of treatment. For out-patients, there can be one assistant medical officer for every 25 patients. Specialised clinics can be opened.

Code of Ethics.—To guide honorary medical officers there must be a code of ethics. Impetus must be given to the formation of co-operative nursing homes in the cities, districts and taluqs. The shares of any co operative nursing home or a nursing home based on joint stock principles, must be freely open to any registered medical practitioner in the province. This step, I consider very essential, in consideration of the future of private practice. I hope to write a paper in co-operative nursing homes in the immediate future.

Control of the honoraries.—Hitherto applicants to honorary posts have had to go through channels which are citadels of vested interest from the highest medical officer in the executive down to the D.M.O. The salaried D M.Os as a class, barring a few exceptions, are unsympathetic towards the honoraries. A provincial advisory committee of five elected by all the honorary medical officers of the Presidency should be created to advise the Government as to the suitability of candidates for posts. Any medical practitioner, in any part of the Presidency, should apply to the committee direct for appointments. The committee shall meet as often as necessary to recommend candidates or in cases of urgency, can recommend by circulating the application among the members. The committee should be independent of the Surgeon-General and should have direct dealings with the Government. But the Superintendents of city hospitals and the D.M.Os must provide the committee with any information wanted. This reform is urgent, if the honorary system has to thrive.

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Elsewhere in this number appear two articles on subjects which are of vital interest to medical men. Although we, like perhaps many others, may not be able to see eye to eye with Dr. E S. Gopalan, on all the various points raised by him, we believe that no one can deny that the articles bear the obvious impress of sincerity and much careful thought.

There are many and urgent problems crying for remedy and it is up to us to gird up our loins and set about our objective in a purposeful manner. At the same time we refuse to subscribe to the pessimistic attitude of some who believe that the Aegean stables of medical practice are impossible of being cleansed or to the view that the ideals formulated by Dr. E. S. Gopalan are impossible of attainment. It is quite enough that there are ideals, for us to be stirred to activity to attain them and as for the Aegean stables, perhaps on closer inspection they may prove non-existant.

We are therefore loathe to believe that there is not enough talent, enterprise and the spirit of charity in the profession to-day to enable us to evolve a system which, while it enables anyone requiring medical relief to get it easily, quickly and efficiently also ensures a fair and reasonable economic return to anyone who elects the practice of medicine as a career.

GLEANINGS FROM MEDICAL LITERATURE.

17. TREATMENT OF MINOR BURNS BY AMYL SALICYLATE.

R. LESLIE STEWART,

(B. M. J.,) 20th Feb. 1937, 380

The analgesic properties of salicyl esters have long been known and led to the investigation of their use for the treatment of burns. Of the esters, amyl salicylate yields the best results although its extremely penetrating and pungent smell is a disadvantage. It has no coagulative effect like tannic acid and is therefore *unsuited to the treatment of severe and extensive* burns where there is danger of toxaemia and shock. The ester has little bactericidal power and therefore the addition of an antiseptic is essential. For the purpose 'abricíde' a mixture of isomeric substituted phenols is suitable.

The method is applicable to the treatment of both infected and non-infected burns and scalds and has the advantages of simplicity of application and infrequent changes of dressings, alleviation of pain, control and eradication of sepsis, minimal overgrowth of granulations, absence of local or general skin irritation or dermatitis and relatively rapid and sound healing without contractures.

The technique of treatment consists of cleaning the affected area with normal saline and removal of all raised epithelium. Swabs of amyl salicylate and abricide are then applied direct in two or three layers and a bandage applied over wool. The patient attends at 4 day intervals when only the outer swabs are removed and fresh one wrung out in amyl salicylate and abricide applied after wiping away any excess of serous discharge. As the burnt area dries up and epithelium grows over, the lowest gauze layer loosens and then completely separates leaving a healed skin.

M. K.

18. CHRONIC DIARRHOEA.

T. A. KEAN, M.D.

The Medical Press and Circular 21-7-37, 54.

Chronic diarrhoea may be *functional* or *organic.* The differentiation between the two is not always easy. Speaking generally, continuous as opposed to intermittant diarrhoea, cachexia, severe emaciation and pyrexia are suggestive of an organic origin. Among confirmatory signs are persistant

pain and tenderness along the course of the colon, the persistant presence of blood and pus in the stools, the presence of specific infective organisms and sigmoidoscopic or X-ray evidence of ulceration or new growth. An examination—macroscopic chemical and bacteriological—of the faeces is of the first importance in the diagnosis of the existance of an intestinal disorder.

Functional Diarrhoea may be :

(*a*) *Gastro-genic* as in achylia gastrica, pernicious anaemia, gastric cancer and certain P. O. conditions like gastro-jejunostomy. The patient complains of pain in the umbilicus or epigastrium, soreness of the tongue, dysphagia and anaemia may be present. Treatment consists of the administration of hydrochloric acid. Bergmann's mixture, Hydrochloric acid (not dilute) and pepsin siccum āā 20 grammes, distilled water to 200 cc, a teaspoonful given in water thrice daily, is very satisfactory.

(*b*) *Pancreatic* in origin more commonly due to cancer of the head of the pancreas. The presence of unsplit fat in the motions, marked wasting, progressive jaundice and a high diastase index in the urine are confirmatory signs. When the disease is advanced enough to present these symptoms there is little hope of cure.

(*c*) Of *Endocrine origin.* The diarrhoea of *Addison's disease* is periodic in character. Extract of the supra-renal cortex with large quantities of common salt in the diet has a favourable influence. The diarrhoea of tuberculous ulceration of the intestine is unaffected by the treatment.

Diarrhoea is a feature of *Grave's disease* and di-iodo-tyrosine is the drug found of greatest value in the disease.

(*d*) *Nervous Diarrhoea.* Fear is a rare cause. Anxiety and certain types of neurosis are more common causes.

(*e*) *Allergic Diarrhoea.*

(*f*) *Schmidts' Diarrhoea* caused by fermentation and putrefaction in the intestine due to an alteration of its bacterial flora.

(*g*) *Pseudo diarrhoea* sometimes due to constipation and scybalous mucus-covered masses are passed.

Organic Diarrhoea may be due to :

(*a*) The *Dysenteries*-amoebic, bacillary or flagellate.

(b) *Chronic entero-colitis* more common in children.

(c) *Tuberculous ulceration* in which Gerson's diet which is rich in vitamins and contains no common salt is useful.

(d) *Sprue and idiopathic steatorrhoea.*

(e) *Non-specific ulcerative colitis.*

(f) *Systemic disease* such as uraemia congestive heart failure, Hodgkin's disease or leukaemia.

(g) *Metallic poisons* like Iron, Mercury, arsenic and gold and

(h) *paradoxical diarrhoeas* due to cancer of the intestine, dolico-sigmoid loop and stricture.

M. K.

19. THE SURGERY OF OLD AGE.

GEOFFREY KEYNES,

The Practitioner, July 1937, Pp 37 et seq.

"Old age" is a relative term and one elderly patient may be subjected to far more surgical disturbance than another so that judgment of the capacity of the individual must largely determine surgical decisions. The advice of the physician or the family doctor who is more familiar with the history is therefore an important guide.

Advancing years cause an increased liability to vascular catastrophies like phlebitis and embolism due to vascular degeneration slowing of the circulation, perhaps low B. P. and greater tendency to immobility after operation.

Anaesthesia :—The greatest risk of all is pulmonary complications. Ether, chloroform and spinal anaesthesia are all unsuitable. There remain gas-oxygen anaesthesia with or without avertin and local novacain or percaine. These methods should be used for old people. Stress is laid on the insufficient appreciation of local analgesia especially in emergency operations like caecostomy for obstruction of the colon by a ring carcinoma, gastrostomy for oesaphageal cancer, supra-pubic drainage for acute retention and all forms of strangulated hernia. The old-fashioned removal of gall stones and drainage of the gall bladder may be less taxing to an old patient and wiser to adopt than an insistence on the more correct cholecystectomy.

Cancer :—The lessened activity of the cell in old age seems also to be a property of cancer arising in the aged. This has an important bearing on the surgical attitude since coincidently with a decreased capacity for with-

standing surgical shock there is, on the whole, a decreased necessity for the more drastic surgical treatment. This is particularly well illustrated in cancer of the breast in which in very old people the excessive fibrous tissue of the "Scirrhous cancer" tends to delay dissemination or the disseminated cells fail to get a foot hold in the tissues. Conservative treatment as local diathermic excision involving little surgical shock may then be fully justified or in the patients with a long history with pronounced atrophic characters in the tumour even complete surgical inaction. For cancer of the tongue, lip, floor of the mouth fauces and extrinsic cancer of the larynx, interstitial radium, the radium "bomb" or deep X-rays should be adequate with perhaps interstitial needles in the neck. Treatment of cancer of the cervix and vulva will always be carried out by irradiation.

Prestatic enlargement :—Although there are a number of recorded examples of successful suprapubic prestatectomies in patients over 90 the operation is necessarily a severe one and the results are much better in younger patients. In treating the old patient the bias should be towards conservative measures whenever possible. In some patients the obstruction is spasmodic rather than permanent and the old fashioned treatment of tying in a catheter while the urine is made alkaline still has its use in tiding a patient over a crisis. In the hands of an expert trans-urethral prostatectomy is safer, while high claims are made for Steinach's bilateral vaso-ligation.

The thyroid in old age :—A fuller understanding of the disorders of the thyroid has opened a fruitful field of surgery among the old. Large goitres producing pressure symptoms have always required operation. Now-a-days there is a fuller realisation that "medical cure" of toxic goitres is usually incomplete and that cardiac conditions occur with increasing pregnancy among the old with long-standing nodular goitres the toxic effects of which have never been noticed by anyone. Cardiologists now recognise that nodular goitre is in late life one of the commonest causes of auricular fibillation and surgical interference is necessary in cases where formerly the true source of the cardiac trouble was never suspected. At first sight these elderly fibrillators would appear eminently unsuitable for operation but the reverse is the case. A properly planned operation undertaken after careful preparation of the patient under avertin reinforced by gas-oxygen is remarkably safe and efficaceous.

Fracture :—The Smith-Peterson pin with immediate fixation of the fragments and active movements begun immediately after the operation and the patient allowed to sit up and turn in bed has largely robbed Fracture of the neck of the Femnr of many of its terrors in the aged,

M. K.

XIV ALL-INDIA MEDICAL CONFERENCE.

CIRCULAR.

It has been decided to hold the 14th session of the All-India Medical Conference, this year, at Madras during X'mas week (probable dates being 26th to 31st December '37). The aim of this conference is to bring together medical men from all over India on a common platform, to discuss and formulate their views, on matters of vital importance to the medical profession.

The Conference will have three sections :—

1. *The General Section :* In which matters relating to Medical Education and Medical Relief, Public Health and Sanitation, Medical and Medico-social legislation etc. will be discussed.
2. *The Scientific Section :* In which purely professional and scientific papers will be read and discussed, thus affording an excellent opportunity to members to exchange views with their medical brethren from all over India.
3. *The Exhibition Section :* In which, firms dealing in Surgical goods and Hospital requisites, Drugs and patent medicines, Health and sanitary wares etc. will be afforded an opportunity of displaying their goods.

It is our ardent desire that this Conference, which is the first of its kind to be held in Madras, should be an unqualified success. To achieve this end, we appeal to all medical men and medical Associations, in the city and in the mofussil, to join the Reception Committee in large numbers and to contribute scientific papers on general subjects or on their specialities.

For this purpose, it is proposed to hold a meeting of all medical men of Madras and mofussil on the 28th Aug. '37 at 5-30 P.M. at "Gana-Mandir", No. 10, Thambu Chetty Street, G. T., Madras. At this meeting, the Reception Committee will be formed. Members wishing to join the Reception Committee are requested to send to The Secretary, Indian Medical Association (Madras Branch), 20, Thambu Chetty Street, their names and membership fee of Rs. 10/- before the 21st Aug. '37. The election of the Chairman and other Office-bearers of the Conference, will take place at this meeting and only those who are members of the Reception Committee will be entitled to vote for these elections.

The various medical Associations are requested to send in their representatives to be present at this meeting and express the views of the respective Associations.

M. SUBRAMANIA IYER, M.B., C.M.,
President, South Indian Medical Union.

U. RAMA RAU, M.L.C.,
President, All-India Medical Licentiates' Assn., Madras Branch.

V. D. NIMBKAR, F.R.C.S.,
President, Indian Medical Assn., Madras.

A. LAKSHMANASWAMI MUDALIAR, B.A., M.D., F.C.O.G.,
President, Madras Medical Association.

ASSOCIATION NOTES.

SOUTH INDIAN MEDICAL UNION

The South Indian Medical Union, Madras, was "At Home" to the Hon'ble Dr. U. Rama Rau and the Hon'ble Dr. T. S. S. Rajan, the Minister for Public Health on the 5th August at the Madras Medical College grounds. A large gathering of medical practitioners, officials and non-officials, were present.

After tea, Dr. M. Subramania Aiyar, the president of the Union, spoke a few words extending a hearty welcome to the two distinguished guests who, he said, besides being well known medical men, had rendered great service to the cause of the country.

Medical Men and The Legislatures.

Replying to the welcome, Dr. U. Rama Rao said that for the last thirty years the medical profession had been agitating that more and more medical men should take part in politics, and that agitation had now begun to bear fruit. They had now got nearly thirty medical men in the legislatures of the country. In Madras, they had unfortunately only three medical men in the Assembly and two in the Council. That was not enough. He was one of those who believed that medical men should take a greater interest in public life, and try to serve the country to the best of their ability. From his experience, he could say that if medical men should be in the legislatures, the interests of their profession would be best safeguarded. While he was a member of the old Madras legislative council, he fought for giving more pay to Health Officers than to Assistant Surgeons. His plea ultimately prevailed. On another occasion, he did his best to see that assistant surgeons, who had teaching work were paid extra allowance. Similarly, if there were medical men in the legislatures, the welfare and the interests of the profession could be well looked after. He was glad that Dr. Rajan, a distinguished medical man, who had sacrificed his wealth and health in the cause of the country, was now Minister in charge of Public Health and Medicine.

Dr. Rajan's Speech.

Replying to the welcome extended to him, Dr. T. S. S. Rajan said that he was grateful to the members of the medical profession for inviting

him to the pleasant function. He had received felicitations on his accepting office from numerous persons and most of the felicitations came from members of the medical profession not only in the Province, but all over India. That fact showed that the profession had really been looking forward to the time when one of them would take up the responsible portfolio of Medicine.

"What the Minister is going to do", Dr. Rajan continued, "is a matter which we cannot foresee just now. Perhaps, you may hesitate before giving a treat to a medical Minister next time. (Laughter) I do not want to look far into the future. It is enough to know that the medical profession feels that their merits have been well recognised in the choice of a Minister, and that their welfare is bound to be looked after by him. That feeling of confidence is of course a great asset to a public man who wants to discharge his duties. I have been a politician. I do not know what particular meaning to give to the word 'politician'. But I can assure you that my profession has always had the greatest share of my attention. (Hear, hear). I loved my professional work, and I took a delight in it. In between intervals of strenuous professional work, I took a holiday by walking into the jails of His Majesty. (Cheers) It is a rare experience which perhaps many of you may not have had and I wish a course of imprisonment is prescribed as part of the curriculum of educational institutions. (Laughter) It is a side of life which many of you may not be conversant with Even if you are a Jail Medical Officer, your experience will be that of an officer and not of a convict.

SERVICES' WHOLE-HEARTED CO-OPERATION.

"Leaving that apart," Dr. Rajan said, "I have been accustomed to address meetings, particularly political meetings—the subject of my theme being a determined attack on Government, in season and out of season. Probably if I ever had dreamt that I would be a member of the Cabinet, I would not have made such statements (Laughter). But to day, we Congressmen, find ourselves part and parcel of the Government. If I criticise the Government, I criticise myself. Friends, we are overwhelmed now with the burden of a sense of responsibility We hoped for tremendous opposition from the members of the Services, because we imagined that they were trained to a particular form of discipline, and perhaps may not adjust themselves easily to new circumstances. An experience of half a month in the Cabinet may not be much; but it is sufficient to show how adaptable the Services are, and given the right view, how well they adjust themselves to the new task that has devolved upon them. (Hear, hear). I say this, after my experience as one of the members of Cabinet, and I like to give expression to it in

public as often as opportunities occur. His Excellency the Governor has assured us of every co-operation and sympathy. And I am not letting out any secret of the Cabinet in informing you that His Excellency has been our friend, guide and philosopher during these fifteen days we have been in office. (Cheers) I am sure the atmosphere that is now prevailing would conduce to the best conditions for vast progress in this country. If any evidence of good will were at all wanting, the interview of Mahatma Gandhi with His Excellency the Viceroy (hear, hear) would show how political life in this country is shaping. (Cheers.) We are on very safe ground to-day in our decision in having accepted Cabinet responsibility.

"While we are bound to protect and shield the Services from unauthorised, ill-informed criticisms, we, on the other side", Dr. Rajan continued, "owe a great responsibility to the electorate that has returned us to the Legislatures. Democracy has got two wings, the executive side and the public We rely upon the Executive to carry out the policy we lay down as Government, and to the public we look not only for sympathy and co-operation, but also for fair and just criticism which will be helpful, constructive, deliberate and sincere. (Renewed cheers.) We look forward to the public for sympathy and co-operation in this, our new venture in democracy. But I would warn you that this democracy is not yet perfect. It is very, very imperfect indeed and subject to great limitations. If you recognise the limitations under which we have assumed office, you will be kind and generous to us and give us the helping hand of co-operation. I may assure the Services concerned that they will have the best and the fairest treatment they can expect, at our hands."

Claims of Non-Service Men.

"As for the private medical practitioners," Dr. Rajan continued, "they are a growing number whose claims for a share in the Services of our country have got to be recognised I was told, this evening, that there were about 180 honorary practitioners in service in this Presidency, I believe they form only a small percentage of the number of physicians and surgeons available and ready to enter service. How to utilise the vast energy that the State has produced through medical education is a problem well worthy of study not by one Minister, but by a generation of Ministers. We have got Services, for which recruitment under certain conditions has taken place, and we have got to see that the terms are kept if the Government have any reputation to boast of. At the same time, we cannot sit idle. We have to recognise the claims of highly trained non-service men. They

must have all the opportunities for service which public institutions like hospitals can afford. With the sympathy, support and advice of the Department concerned, we are hoping to tackle the problem to the best of our ability. I may not be able to envisage to you this evening what we may or may not do. I can only indicate how we feel in this matter. When you once recognise that our feeling is genuine, you may trust us to do something while we are in office. (Cheers) If at the end of our period we may say to our credit that we have done this thing and that, but could not do more, it would be not because we had not the will to do, but that the circumstances under which we were pleased were such that we could not do more."

Pitiable Condition of The Hospitals.

Proceeding, Dr. Rajan said "Sir Frank Connor, our distinguished Surgeon-General, will be soon leaving us. He was just now telling me that the hospitals in the Province were very poorly and miserably housed. I know of one such hospital, I come from a district, Trichinopoly, which has one of the worst hospitals in the Presidency. During the last four years he was Surgeon-General, Sir Frank says, he can claim to his credit only one good hospital, that is, the Cocanada Hospital. I can understand the anguish of his heart on leaving us to find only one hospital when hundreds are required. Service codes, claims of other departments and needless red-tape have prevented the building up of hospitals particularly at a time when the Government had sixteen to eighteen lakhs in their pockets to give away to hospital buildings. It is sad that having money in their pockets and having had a person able to carry out the work, nothing was done for four years. That is the tragedy of the situation which I want you to understand. If you do that, you will realise what a poor Minister's position is in the Constitution to-day I do hope that with a substantial elected majority and with a Cabinet absolutely united to a man, and having as head of the Province one who completely understands us, we will be in an advantageous position. I am therefore confident to do more than what has fallen to the lot of Sir Frank Connor."

"I confess I am a new-comer to Madras", concluded Dr. Rajan "I am a moffusalite ploughing a lonely furrow. But I have been a medical man first and foremost, and I shall continue to be so to my last."

With a vote of thanks proposed by Dr. T. Satakopan, the Secretary, the function terminated.

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THE TINNEVELLY DISTRICT MEDICAL ASSOCIATION, PALAMCOTTAH.

"Very few stations in the South are so favourably situated as *Courtallam*, which has a fine scenery, an excellent climate and famous waterfalls attracting large number of people from far and near" said Lt. Col., T. S. Shastry, I. M. S., District Medical Officer, Tinnevelly Dt., in the course of his address to the members of the District Medical Association, a meeting of which was held on the 30th July at the splendid and well furnished Travancore Dewan's Bungalow otherwise called 'SCORPION HALL', COURTALLAM, very kindly placed at the disposal of the Association for the day's function. Fifty one (51) members from various parts of the District attended the meeting. Dr. A. L Ananthanarayana Iyer, M.B ,B.S. Assistant Surgeon, Govt. Hospital, Tenkasi, was mainly responsible for the excellent arrangement made for the boarding and other conveniences of the members. Dr. K. Narayanaswami Iyer, L. M. &. S., Civil Surgeon, Tuticorin, and five members led by Dr. Natesan, M.B , B S., of the Madura Medical Association, one Doctor from Chittoor District also graced the meeting.

After bathing under the Falls and light refreshments the members were entertained to excellent music at the close of which the regular meeting began at about 11 A.M. under the presidency of Lt. Col., T. S. Shastry I.M.S , when Dr. K. Rama Ayyar, M.B ,B.S., (Andhra). read the minutes of the proceedings of the last monthly meeting held at Papanasam on 26-6-1937, which were adopted.

Resolutions (1) touching the demise of Dr. M. L. Kamath M D & C. M., retired Civil Surgeon and a distinguished Physician of Madras and of Dr. B. G. S. Acharya, M. B. & C. M. (Madras)., D. O. (Oxen)., & F. R. C. S., (Edin)., Professor of Ophthalmology, Lucknow University and a distinguished Eye Surgeon, and (2) congratulating the Hon'ble Dr. U. Rama Rao, on his election as President of the Madras Legislative Council, the Hon'ble Dr. T. S. S Rajan L. R. C. P., (London)., M. R. C. S., (England)., on his appointment as Minister for Public Health, were unanimously passed having been moved by the President.

Dr. P. S. Srinivasan, sub-assistant surgeon of the Government Headquarters Hospital read out clinical notes on the following interesting cases which were operated and treated at the Government Headquarters Hospital, Palamcottah :—

1. A case of Oedematous scalp. (2) A case of Oedematous face.

The following specimen in connection with the above was also shown to the members :—

Abscess of brain due to fracture of skull.

Dr. A. L. Ananthanarayana Iyer, exhibited two very obscure cases nervous disease of Chorea and (b) Morvan's disease. On these there was keen discussion.

Dr. J. J. Joseph, L. M. & S, the Chief Leprosy Officer of the Presidency spoke on the diagnosis and treatment of Leprosy. The President thanked him and pleaded with the members for their hearty help in combating Leprosy in the district.

After discussion, Lt. Col, T. S. Shastry, I. M. S, summed up the salient and important features of all the cases and thanked the guests for their presence and fellowship. Dr. Natesan, Madura Medical Association thanked the Tinnevelly District Medical Association for their kind invitation and hospitality, and very much appreciated the cordial fellowship and instructive nature of to day's gathering and meeting, and applauded the Tinnevelly District Medical Association for leading in this line. The President also thanked the Dewan of Travancore for his readiness and kindness in placing the spacious Bungalow at their disposal. Dr. A. L. Ananthanarayana Iyer, and his colleagues were also thanked for the organisation of the function in such a splendid manner. Thereafter an excellent dinner brought the happy gathering to a close at 3 P.M.

HEALTH EXHIBITION.

Under the auspices of the Tinnevelly Dt. Medical Association in connection with the monthly meeting a Health Exhibition was organised and held at the Valangapuli Vilas under the Presidency of Dr. K Narayanaswami Iyer, L. M. &. S., Civil Surgeon, Tuticorin, in the chair at 5 P M. in the absence of Mr. I. C. Iswaran Pillai, President, South Tinnevelly District Board. In proposing Dr. Ayyar to the chair Col. Shastry, referred to the beauties of Courtallam as a Sanitorium and its growing popularity. *Inter alia*, he observed, that the existing arrangement for bathing at the Falls left very much to be desired. He said, that persons who resort to the Falls stand quite close together during their bath, so much so that in the case of unhealthy and sickly persons their contagion spreads easily to others standing near them with the result that the beneficial effects of the bath are partially neutralised. He further

observed that the tanklike pit adjoining the falls whereto all the water from the falls find its way is a sink of impurities. Persons of all classes, wash their clothes in the pit apart from drinking the water therefrom. These, he said, are calculated to breed diseases. The need for a stricter enforcement of sanitation was also stressed by Col. Shastry in the course of his speech. He said, that the falls and its vicinity should be maintained with due regard to the principles of sanitation, so that they may not be a source of infection to the vast numbers of people that frequent the falls. He appealed to the Panchayat Board for taking necessary steps in this direction, and to the residents to urge the Government to do the needful, to maintain the bathing place and its vicinity in a sanitary condition. He said, that a special Law may have to be passed (1) creating a Sanitary Authority with numerous "Sanitary Teachers", "Sanitary Constables" and a "Sanitary Magistrate" to teach sanitation to detect the polluters and to punish them promptly and effectively, (2) to organise a drainage system and (3) adequate number of urinals and latrines and (4) to supervise the whole system, as also (5) to provide funds for the above organisation.

Rao Sahib C. N. Krishnaswami Naidu Garu, the Deputy Supdt. of Police, Courtallam, declared the exhibition open; and in doing so, he made particular reference to the proposal now under examination for the enforcement of Brothel's Act at Courtallam He also said that the Police are doing their best to prevent people fouling the area. The Health Inspector Mr. K. V. Sesha Iyengar of Tenkasi took those present round the exhibits explaining to them the purport of each exhibit. The audience about hundred strong, contained a large number of school teachers and children and some of the bathing population. The pleasant function came to a close late in the evening.

TANJORE DISTRICT MEDICAL ASSOCIATION

Presiding over a meeting of the Tanjore District Medical Association held here on the 27th evening, Dr. R. Ganapathi Aiyar, District Medical Officer, Tanjore stressed the need for a feeling of fraternity among medical practitioners, and appealed to the private medical practitioners in the District to join the Association.

In the place of Dr. S. T. Achar, who has been transferred, Dr. S. Ranganathan, Resident Medical Officer, Tanjore, was elected Secretary.

Dr S. Ranganathan of the Raja Mirasdar Hospital, Tanjore, read a paper on "Blood Transfusion". The speaker regretted that in India, where there were tropical diseases, this method of curing should have been very little in vogue. He narrated his experiences in some of the London Hospitals and pleaded for an extensive use of this system in India.

Dr. P. V. Muthukrishna Aiyar, spoke on "Rural Medical Practitioners" Dr. D. Sundaramurthi gave an exposition of "Sinal Sepsis". The District Medical Officer paid a tribute to Dr. Murthi for his lucid ex- of a tough subject.

Dr. P. K. Kurien, Civil Assistant Surgeon, Mannargudi, gave an "At Home" to the members of the District Medical Association.

CHINGLEPET DISTRICT MEDICAL ASSOCIATION

Addressing the inaugural meeting of the Chingleput District Medical Association 26th evening at the premises of the local Headquarters Hospital, Sir Frank Connor, Surgeon-General with the Government of Madras, observed that the formation of such associations helped to establish an *esprit de corps* amongst the members and the members were enabled to exchange the knowledge gained in the course of their professsional activity.

Under the presidency of the Surgeon-General, Dr. R. G Cochrane, Chief Medical Officer of the Lady Willingdon Leper Settlement at Thirumani delivered a lecture on "Leprosy: Its Classification and Treatment". Lantern slides were also exhibited.

After the lecture was over, the business meeting of the Association was held with Dr Abdul Allam Saheb, District Medical Officer (President), in the chair, when the election of office-bearers was held.

The Association accepted the invitation of Dr. P. S Srinivasan, M. L. A. (Conjeevaram), and decided to hold its next meeting at Conjeevaram

WEST GODAVARY DISTRICT MEDICAL ASSOCIATION

At a meeting of the West Godavary District Medical Association held day before on the 26th in the Higher Elementary School building at Tadepalligudem, with Mr. V.' Krishnamurty Aiyar, District Medical Officer in the chair a resolution was passed congratulating Dr. U. Rama Rao on his

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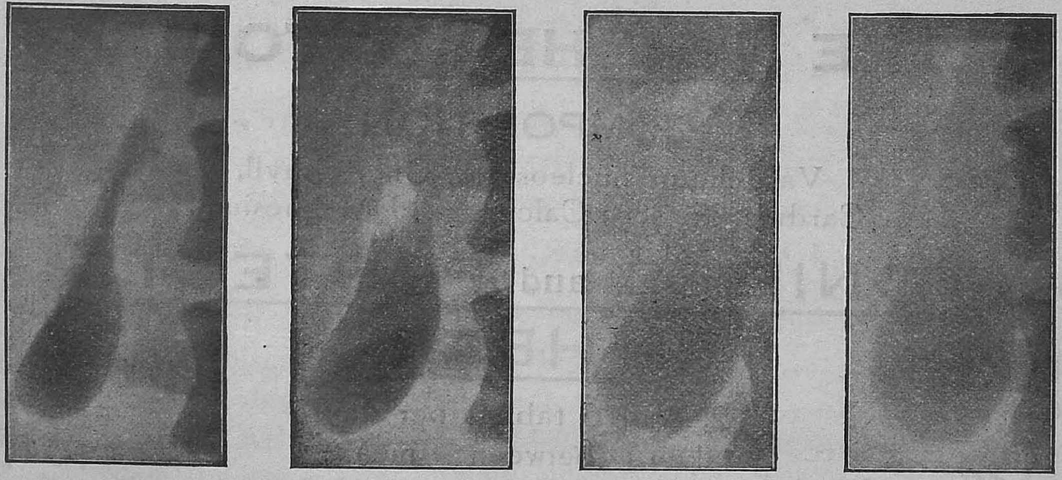

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election as President of the Legislative Council, Dr. Rajan on his appointment as Congress Minister and Dr. Gilder of Bombay on his new office.

The Ellore and Narasapur District Boards were requested to grant a contribution of Rs 150 each to the District Medical Association for running the Association's magazine and library.

MADURA MEDICAL ASSOCIATION

A meeting of the Madura Medical Association was held at the Government Hospital on the 25th evening. Rao Bahadur Dr. S. Padmanabha Sarma, District Medical Officer, presided.

After tea, the meeting commenced. A condolence resolution on the death of Dr. Balakrishna Naidu was passed.

Resolutions were passed congratulating Dr. T. S. Rajan on the self-sacrificing spirit which animated him to accept the arduous office of Minister of Public Health, congratulating the Hon. Dr U. Rama Rao on his election as President of the Madras Legislative Council, expressing a hope that among the many crying needs of the hour which the Minister of Public Health would tackle, he would constantly remember the inequality of status forced upon, and the refusal of equal opportunities to, licensed medical practitioners and rectify this anomalous position

There was a lively discussion on the need for a National Health Insurance scheme for India. A few doctors formulated their proposals and a sub-committee was formed to go in detail into the question and prepare a definite scheme as early as possible.

EAST GODAVARI DISTRICT MEDICAL ASSOCIATION

A meeting of the East Godavari District Medical Association was held on 24th in the Board National High School buildings with Captain Shepherd, I M.S., District Medical Officer, in the chair. About 60 practitioners from all over the district attended.

Some case reports from the Cocanada Headquarters Hospital were discussed. Dr. T. Kanakaraju of Ramachandrapuram delivered an address on "Recent Views ragarding Infantile Biliary Cirrhosis". He deplores that neither the medical profession nor the public had been bestowing as

much attention as they ought to towards the prevention or treatment of this dreadful disease, which was responsible for a high percentage of infantile mortality. He appealed to the medical profession to co operate in the proper investigation of the disease Dr. T. Chel ip iti Rao of Ramachandrapuram read a paper on "Spermatozoa and Birth Control' The members dispersed in the night after a dinner

KURNOOL DISTRICT MEDICAL ASSOCIATION

A meeting of the District Medical Association was held on the 24th evening in the District Headquarters Hospital, Kurnool, under the presidency of Dr. Syed Gulam Hussain Sahib, District Medical Officer, Kurnool.

The members of the Association were entertained at a tea party by the Secretary of the Association.

At the outset of the meeting, Dr. D. S. John moved the following resolution: "The District Medical Association, Kurnool, conveys its heartfelt congratulations to Dr. T. S. S. Rajan who is an emminent member of the medical profession on his appointment as Minister of Public Health and it trusts that the public would derive the best value from his appointment."

The resolution was duly seconded by Dr. V. Naranayya and passed unanimously.

RAMNAD DISTRICT MEDICAL ASSOCIATION

The July meeting of the Ramnad District Medical Association was held on Saturday the 24th July, 1937 at the S. M. S. High School, Karaikudi under the Presidency of Captain B. Dayananda Rao. There were 24 members present, In his opening remarks the President invited the members to hold the meeting at Ramnad in August, 1937 and said the Madura Medical Association may also be invited to hold their meeting at Ramnad. He also proposed that once in two months a combined meeting of the two associations may be held, the place of the combined meeting being once at Madura and at the other time at some central place in Ramnad district and this was agreed to by the members.

A paper on "Transverse presentation in moffusil" was read by Dr J. R Moses, L. M. P., of Ramnad which was followed by discussion on the subject.

The following resolution was unanimously carried:—

"The Ramnad District Medical Association congratulates the Hon'ble Dr. T. S. S. Rajan on his appointment as the Minister of Public Health to the Government of Madras and this meeting authorises the secretary to communicate to him the same."

The meeting then terminated with the vote of thanks.

SOUTH KANARA DISTRICT MEDICAL ASSOCIATION

A plea for starting private clinics jointly instead of hankering after Government service or competing in the profession, was made on the 17th evening by Col. Mirajkar, Professor of Surgery, University of Lahore, speaking on his recent experiences in America.

The address was delivered at the Kannara High School under the auspices of the South Kanara District Medical Association. Dr. Nambiar, District Medical Officer, presided.

Col. Mirajkar said that in America there was a system of "clinics" which might well be profitably adopted in India by medical practitioners in each town. Most of the medical men in the States, went to these 'clinics' started by either individuals or organisations and treated their patients. Their business was simply to attend to treatment, without bothering themselves about the management of the institution. etc. Each clinic thus had the services of about twelve doctors and surgeons. Sometimes these 'clinics' had also big lying-in hospital attached to them. At the end of the year, the doctors received sums from the organisers of the clinics which were ample. Such a system, the speaker said, would not only enable the practitioners not to be bothered about the maintenance of the institution but would also make them more efficient in their work.

In India, he said, neither talent nor efficiency was wanting. If the above system was adopted here they could also have big medical institutions. Government could do something by way of medical relief. But, the people too had their own duty towards suffering humanity. Instead of giving vast sums for temples and churches, if philanthropic people would make it their duty to endow something towards these institutions he did not see any reason why India too should not progress in the matter of medical relief and public health as other countries had done. At present India had the privilege of having a population whose general health was the lowest in the world.

He hoped Mangalore would set an example to other parts of the country by starting a clinic. He offered his best co-operation if such an institution was started here.

After tea, the meeting terminated.

TUTICORIN MEDICAL UNION

A special general body meeting of the Tuticorin Medical Union was held on the 17th in the Indian Officers' Club premises under the presidency of Lt.-Col Ganapathi, Director of Public Health, Madras. Drs P. R. Acharya and P. S. Venkatarama Aiyar, L.M.S., were "at home" to the members of the Union.

Lt.-Col. Ganapathi, addressing the Union, said that members of the medical profession could and should help the Health Department in three ways: one, by finding out the various ailments affecting children and informing the Health Department about the same so that the latter could take preventive measures; by correctly diagnosing cases of malaria and other epidemic diseases by thorough microscopic examination and informing the Health Department about the same; and by helping the sanitary staff in taking preventive measures. He laid stress on the importance of educating women to keep their homes in a sanitary condition.

The Government were spending more money on the medical department which was only curative in its scope, than on the Health Department, which alone was doing preventive work. It was time more attention was paid to the latter.

Dr. K. Narayanasami Aiyar, Civil surgeon, then unveiled the portrait of Dr. K. S. Iyengar

Dr. K. S. Iyengar thanked the members of the Union for the honour done to him.